

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4		1						54					
5	1							55					
6		1						56					
7								57					
8			21					58					
9			12					59					
10			21					60					
11	1							61					
12	1							62					
13		21						63					
14		12						64					
15		21						65					
16		12						66					
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18		12						68					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4		↓		↓		↓						
TOTAL DEP.	15	←		←		←	←						
TOTAL CLAIMS	19	████████		████████		████████		████████		████████		████████	